RESIDENTIAL TREATMENT DEFINITIONS FOR CHILDREN AND ADOLESCENTS

LEVEL I FAMILY-TYPE RESIDENTIAL TREATMENT	LEVEL II FAMILY/PROGRAM-TYPE RESIDENTIAL TREATMENT	LEVEL III RESIDENTIAL TREATMENT – HIGH	LEVEL IV RESIDENTIAL TREATMENT – SECURE
Therapeutic Relationship This service is designed to address medically necessary goals for achieving relational support with caretakers and other support systems in the community and is intended to assist the client in developing more appropriate relationship skills. Therapeutic techniques and strategies are introduced into the relationship.	**Therapeutic Relationship** This service provides all Family-Type Residential Treatment Level I elements plus provision of a more intensive corrective relationship in which therapeutic interactions are dominant. Focus is broadened to include assisting the client in improving relationships at school, work and/or other community settings.	**Therapeutic Relationship** This service provides all Family/Program Residential Treatment Level II elements plus the relationship which is structured to remain therapeutically positive in response to grossly inappropriate and provocative interpersonal client behaviors including verbal and some physical aggression.	**Therapeutic Relationship** This service provides all Residential Treatment-High Level III elements plus the ability to manage intensive levels of aggressiveness.
Structure of Daily Living Daily living is structured to provide a therapeutically critical structure and supervision necessary to enable the client to achieve and sustain an improved level of functioning in order to successfully engage in treatment activities designed to achieve the highest level of independent functioning, or return the client to his/her family setting/permanent placement.	**Structure of Daily Living** Daily living is structured to provide all elements of Family-Type Residential Treatment Level I with a higher level of structure and supervision.	**Structure of Daily Living** Daily living is structured to provide all elements of Family/Program Residential Treatment Level II plus intensified structure, supervision, and containment of frequent and highly inappropriate behavior. This setting is typically defined as being "staff secure."	**Structure of Daily Living** Daily living is structured to provide all elements of Residential Treatment-High Level III in a physically secure, locked setting including (typically but not always) locked time-out rooms (used only for the safe management of out-of-control behaviors).
Cognitive/Behavioral Skill Acquisition Treatment interventions are provided to ensure that the client acquires skills necessary to compensate for or remediate functional problems. Interventions are targeted to functional problems and based on service plan requirements and specific strategies developed during supervision.	**Cognitive/Behavioral Skill Acquisition** Treatment provides all Family-Type Residential Treatment Level I elements with a complete emphasis on individualized interventions for specific skill acquisition that enable the client to achieve or maintain the highest level of independent functioning.	**Cognitive/Behavioral Skill Acquisition** Treatment provides all Family/Program Residential Treatment Level II elements plus active "unlearning" of grossly inappropriate behaviors with intensive skill acquisition. Includes specialized, on-site interventions from qualified professionals**.**	**Cognitive/Behavioral Skill Acquisition** Treatment provides all Residential Treatment-High Level III elements plus intensive focus on assisting clients acquiring disability management skills and significantly increased on-site interventions from qualified professionals including psychologists and physicians.

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General Characteristics This service provides a structured and supervised environment and acquisition of skills necessary to enable the client to improve the level of functioning to achieve or to maintain the most realistic level of independent functioning where earlier treatment gains are somewhat fragile and the client is subject to regression. This level of care responds to clients' needs for more active treatment and interventions. This service is offered in a family system.	**General Characteristics** This level of service is responsive to the need for intensive, interactive, therapeutic interventions, which still fall below the level of staff secure/24-hour supervision or secure treatment settings. The staffing structure may include family and Program-Type settings.	**General Characteristics** Residential Treatment-High service is responsive to the need for intensive, active therapeutic intervention, which requires a staff secure treatment setting in order to be successfully implemented. This setting has a higher level of consultative and direct service from psychologists, psychiatrists, medical professionals, etc.	**General Characteristics** Most other service needs are met in the context of the Residential Treatment-Secure Level IV setting including school, psychological and psychiatric consultation, nurse practitioner services, vocational training, recreational activity, etc. Typically, the treatment needs of clients at this level are so extreme that these activities can only be undertaken in a therapeutic context. These services are conducted in a manner that is fully integrated into ongoing treatment.
	Program-Type The staff is not necessarily awake during sleep time, but must be constantly available to respond to a client's needs, while clients are involved in educational, vocational, and social and/or other activities, except for periods of planned respite.	**Program-Type** Staff is awake during sleep hours and supervision is continuous.	**Program-Type** Staff is awake during sleep hours and supervision is continuous.
Family-Type The provider is not necessarily awake during sleep time and may not be available while clients are involved in educational, vocational, and social activities, but are present during times when the client's needs are most significant or not involved in another structured activity.	**Family-Type** The provider is not necessarily awake during sleep time but must be constantly available to respond to a client's needs while clients are involved in educational, vocational, and social activities, or other activities, except for periods of planned respite.		
This service in a family setting includes the following activities:	This service in the family or program settings includes Family-Type Residential Treatment Level I elements and the following activities:	This service includes all Family/Program Residential Treatment Level II elements and the following activities:	This service includes all Residential Treatment-High Level III elements plus the following activities:

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A. Supervision and structure of daily living designed to maximize appropriate behaviors or to maintain the highest level of functioning.	A. Individualized and intensive supervision and structure of daily living designed to minimize the occurrence of behaviors related to functional deficits to ensure safety during the presentation of out-of-control behaviors or to maintain an optimum level of functioning.	A. Individualized, intensive, and constant supervision and structure of daily living designed to: minimize the occurrence of behaviors related to functional deficits; ensure safety and contain out-of-control behaviors including intensive and frequent crisis management with or without physical restraint; or maintain an optimum level of functioning.	A. Medically supervised secure treatment including physical restraints and containment in time-out room. Locked and secure to ensure safety for clients who are involved in a wide range of dangerous behaviors which are manageable outside of the hospital setting.
B. Specific and individualized psychoeducational and therapeutic interventions including: development or maintenance of daily living skills; anger management skills; communication skills; social skills; stress management; relationship support; addressing feelings of personal culpability or self-blame; affirming the child's value and self-worth; development of skills in communication which will encourage ongoing relationships with the natural family or other identified placement providers; development of personal resources; development of goals to address self-concept, anger management, self-esteem and personal insight; or comparable activities which are targeted towards functional deficits. .	B. Specific and individualized psychoeducational and therapeutic interventions including: development or maintenance of daily living skills; anger management; social skills; family living skills; communication skills; stress management; relational support; or comparable activity and intensive crisis or near crisis management including de-escalation interventions and occasional physical restraints.	B. Active efforts to contain and confront inappropriate behaviors and assist clients in unlearning maladaptive behaviors: Includes relationship support to assist the client in managing the stress and discomfort associated with the process of change and maintenance of gains achieved earlier; and specifically planned and implemented therapeutically focused interactions designed to assist the client in correcting various patterns of grossly inappropriate interpersonal behavior, as needed.	B. Continual and intensive interventions designed to assist the client in acquiring control over acute behaviors.
C. Involving clients in naturally-occurring community support systems and supporting the development of personal resources (assets, protective factors, etc.)	C. Direct and active intervention in assisting clients in the process of being involved in and maintaining in naturally-occurring community support systems and supporting the development of personal resources (assets, protective factors, etc.).	C. Providers require significant skill in maintaining positive relationships in interpersonal dynamics, which typically provoke rejection, hostility, anger, and avoidance.	

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**NOTE: Periodic services may not be used to augment residential services.*	**NOTE: Periodic services may not be used to augment residential services.*	**NOTE: Periodic services may not be used to augment residential services.*	**NOTE: Periodic services may not be used to augment residential services.*
Staffing **<u>Family-Type</u>** This treatment may be provided in a natural family setting with one or two surrogate family members providing services to one or two clients per home.	**Staffing** **<u>Family-Type</u>** A. This treatment may be provided in a natural family setting with one or two surrogate family members providing services to one or two clients per home.	**Staffing**	**Staffing**
	<u>Program-Type</u> B. Treatment is provided in a structured program setting with qualified staff. Staff is present and available at all times of the day. A minimum of one staff is required per four clients at all times.	**<u>Program-Type</u>** A. Treatment is provided in a structured program setting with qualified staff. B. Staff is present and available at all times of the day, including overnight awake. C. A minimum of one staff is required per four clients at all times. D. Consultative and treatment services at a qualified professional level shall be available no less than 4 hours per week. This staff time may be contributed by a variety of individuals, for example, a social worker may conduct group treatment activity; a psychologist may consult on behavioral management; or a psychiatrist may provide evaluation and treatment services. These services must be provided at the facility site. E. Group therapy or activity time may be included as total time per client, (i.e., if there are 6 members in a group for 90 minutes, this may be counted as 90 minutes per client).	**<u>Program-Type</u>** A. Treatment is provided in a structured program setting with qualified staff. B. Staff is present and available at all times of the day, including overnight awake. C. A minimum of two direct care staff are required per six clients at all times. D. Consultative and treatment services at a qualified professional level shall be available no less than 8 hours per week. E. Staffing provisions apply as with Residential Treatment-High Level III.

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Medical Necessity Criteria The client is eligible for this service when::	**Medical Necessity Criteria** In addition to meeting Family-Type Residential Treatment Level I medical necessity criteria, the client is eligible for this service when:	**Medical Necessity Criteria** In addition to meeting Family-Type Residential Treatment Level II medical necessity criteria, the client is eligible for this service when:	**Medical Necessity Criteria** In addition to meeting Family-Type Residential Treatment Level III medical necessity criteria, the client is eligible for this service when:
A. Medically stable, but may need assistance to comply with medical treatment.	A. Medically stable, but may need assistance to comply with medical treatment.	A. Medically stable, but may need assistance to comply with medical treatment.	A. Medically stable, but may need assistance to comply with medical treatment.
AND	**AND**	**AND**	**AND**
B. Meets Level B Criteria/NC-SNAP	B. Meets Level C Criteria/NC-SNAP. A Sex Offender Specific Evaluation (SOSE) shall be provided by a trained professional in conducting the SOSE and a level of risk shall be established (low, moderate, high) using the Risk Checklist for Sexual Offenders, the Juvenile Sexual Offender Decision Criteria, and A Checklist for Risk Assessment of Adolescent Sex Offenders.	B. Meets Level D Criteria/NC-SNAP. A Sex Offender Specific Evaluation (SOSE) shall be provided by a trained professional in conducting the SOSE and a level of risk shall be established (low, moderate, high) using the Risk Checklist for Sexual Offenders, the Juvenile Sexual Offender Decision Criteria, and A Checklist for Risk Assessment of Adolescent Sex Offenders.	B. Meets Level D Criteria/NC-SNAP. A Sex Offender Specific Evaluation (SOSE) shall be provided by a trained professional in conducting the SOSE and a level of risk shall be established (low, moderate, high) using the Risk Checklist for Sexual Offenders, the Juvenile Sexual Offender Decision Criteria, and A Checklist for Risk Assessment of Adolescent Sex Offenders.
	AND	**AND**	**AND**
	The client's identified needs cannot be met with Family-Type Residential Treatment Level I services.	The client's identified needs cannot be met with Family/Program Residential Treatment Level II service.	The identified client's needs cannot be met with Residential Treatment – High Level III services.
AND	**AND**	**AND**	**AND**
C. The client is experiencing any one of the following (may be related to the presence of moderate affective, cognitive, or behavioral problems or developmental delays/disabilities):	C. The client is experiencing any one of the following (may be related to the presence of moderate affective, cognitive, or behavioral problems or developmental delays/disabilities):	C. The client is experiencing any one of the following (may be related to the presence of moderate affective, cognitive, or behavioral problems or developmental delays/disabilities):	C. The client is experiencing any one of the following (may be related to the presence of moderate affective, cognitive, or behavioral problems or developmental delays/disabilities):
1). Increasing difficulty maintaining in the naturally available family or lower level treatment setting as evidenced by, but not limited to: frequent conflict in the setting; or frequently limited acceptance of the behavioral	1) .Moderate to severe difficulty family or lower level treatment setting as evidenced by, but not limited to, severe conflict in the setting, or severely limited acceptance of behavioral expectations and other structure, or severely limited	1). Severe difficulty maintaining in the lower level treatment setting as evidenced by, but not limited to, frequent and severe conflict in the setting, or frequently and severely limited acceptance of behavioral expectations	1). Frequent and severe aggression including verbal aggression and property damage and/or harm to self/others and unmet needs for safety, containment of aggressive and/or dangerous behaviors.

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expectations and other structure; or frequently limited involvement in support.	maintaining in the naturally available involvement in support or impaired ability to form trusting relationships with caretakers, or limited ability to consider the effect of inappropriate personal conduct on others.	and other structure, or frequently and severely limited involvement in support or impaired ability to form trusting relationships with caretakers naturally available family setting or, or a pervasive and severe inability to form trusting relationships with caretakers or family members or an inability to consider the effect of inappropriate personal conduct on others.	
2). Frequent verbal aggression or infrequent, moderate intensity physical aggression which may be directed toward property or occasionally to self or others.	2). Frequent and severely disruptive verbal aggression and/or frequent and moderate property damage and/or occasional, moderate aggression toward self and/or others.	2). Frequent physical aggression including severe property damage or moderate to severe aggression toward self or others.	2). Severe functional problems as defined in Residential Treatment – High Level III coupled with demonstrated inability to maintain treatment in an unlocked setting. As evidenced by, but not limited to, history of eloping from unlocked facilities, or inability to become stabilized in anything but a locked facility.
3). Increasing functional problems in school or vocational setting or other community setting as evidenced by: imminent risk of failure in school or vocational setting; or frequent behavioral problems in school or vocational setting; or frequent difficulty in maintaining appropriate conduct in community settings, or consistent difficulties accepting age-appropriate direction and supervision in significant areas from caretakers or family members.	3). Moderate to severe functional problems in school or vocational setting or other community setting as evidenced by: failure in school or vocational setting; or frequent and disruptive behavioral problems in school/vocational setting, or frequent and disruptive difficulty in maintaining appropriate conduct in community settings; or pervasive inability to accept age-appropriate direction and supervision, in significant areas, from caretakers or family members.	3). Severe functional problems in school or vocational setting or other community setting as evidenced by : failure in school or vocational setting because of frequent and severely disruptive behavioral problems; or frequent and severely disruptive difficulty in maintaining appropriate conduct in community settings; or severe and pervasive inability to accept age-appropriate direction and supervision from caretakers or family members, coupled with involvement in potentially life threatening high risk behaviors.	3). Medication administration and monitoring have alleviated limited or no symptoms and other treatment interventions are needed to control severe symptoms or to ensure safety.

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	4). Medication administration and monitoring have alleviated some symptoms, but other treatment interventions are needed to control moderate symptoms	4). Medication administration and monitoring have alleviated some symptoms, but other treatment interventions are needed to control severe symptoms.	4). Severe limitations in ability to independently access or participate in other human services and requires intensive, active support, supervision and on site access to all routinely needed services.
	5). Limitations in ability to independently access or participate in other human services and requires active support and supervision to stay involved in other services.	5). Significant limitations in ability to independently access or participate in other human services and requires intensive, active support and supervision to stay involved in other services.	5). Severe deficits in ability to manage personal health, welfare, and safety without intense support and supervision.
	6). Deficits in ability to manage personal health, welfare, and safety without intense support and supervision.	6). Significant deficits in ability to manage personal health, welfare, and safety without intense support and supervision.	6). Severe aggressive and dangerous episodes may be without provocation or predictable, identifiable triggers.
	7). For clients identified with or at risk for inappropriate sexual behavior: at least one incident of inappropriate sexual behavior and the risk of offending/re-offending is low to moderate; or low to moderate risk for sexual victimizing; or deficits that put the community at risk unless specifically treated for sexual aggression problems.	7). For clients identified with or at risk for inappropriate sexual behavior: the parent/caregiver is unable to provide the supervision of the sex offender required for community safety; moderate to high risk for re-offending; moderate to high risk for sexually victimizing others; deficits that put the community at risk for victimization unless specifically treated for sexual aggression problems.	7). For clients identified with inappropriate sexual behavior: the risk of offending and/or predatory sexual behavior is high with inadequate supervision that puts the community at risk for victimization; high risk for sexual re-offense; deficits that put the community at risk for victimization unless specifically treated for sexual aggression problems.
Service Order Requirement Service orders for Family-Type Residential Treatment Level I must be completed by a physician or a licensed psychologist prior to or on the day services are to be provided on the standardized service order form.	**Service Order Requirement** Service orders for Family/Program-Type Residential Treatment Level II must be completed by a physician or a licensed psychologist prior to or on the day services are to be provided on the standardized service order form.	**Service Order Requirement** Service orders for Residential Treatment-High Level III must be completed by a physician or a licensed psychologist prior to or on the day services are to be provided on the standardized service order form.	**Service Order Requirement** Service orders for Residential Treatment-Secure Level IV must be completed by a physician or a licensed psychologist prior to or on the day services are to be provided on the standardized service order form.

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Continuation/Utilization Review The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the client's service plan or the client continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:	**Continuation/Utilization Review** The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the client's service plan or the client continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:	**Continuation/Utilization Review** The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the client's service plan or the client continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:	**Continuation/Utilization Review** The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the client's service plan or the client continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:
A. The client has achieved initial service plan goals and additional goals are identified: B. The client is making satisfactory progress toward meeting goals; C. The client is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's pre-morbid level of functioning, are possible or can be achieved; D. The client is not making progress; the service plan must be modified to identify more effective interventions. E. The client is regressing; the service plan must be modified to identify more effective interventions.	A. The client has achieved initial service plan goals and additional goals are identified: B. The client is making satisfactory progress toward meeting goals; C. The client is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's pre-morbid level of functioning, are possible or can be achieved; D. The client is not making progress; the service plan must be modified to identify more effective interventions. E. The client is regressing; the service plan must be modified to identify more effective interventions.	A. The client has achieved initial service plan goals and additional goals are identified: B. The client is making satisfactory progress toward meeting goals; C. The client is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's pre-morbid level of functioning, are possible or can be achieved; D. The client is not making progress; the service plan must be modified to identify more effective interventions. E. The client is regressing; the service plan must be modified to identify more effective interventions.	A. The client has achieved initial service plan goals and additional goals are identified: B. The client is making satisfactory progress toward meeting goals; C. The client is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's pre-morbid level of functioning, are possible or can be achieved; D. The client is not making progress; the service plan must be modified to identify more effective interventions. E. The client is regressing; the service plan must be modified to identify more effective interventions.
AND	**AND**	**AND**	**AND**
Utilization review must be conducted on a 90-day basis and documented in the service record.	Utilization review must be conducted at a minimum every 30 days by the directly enrolled provider and documented in the service record (after the area program assesses the client and authorizes the first 120 days).	Utilization review must be conducted at a minimum every 30 days by the directly enrolled provider and documented in the service record (after the area program assesses the client and authorizes the first 120 days).	Utilization review must be conducted every 30 days and documented in the service record.
Discharge Criteria The client shall be discharged from this level of care if any one of the following is true:	**Discharge Criteria** The client shall be discharged from this level of care if any one of the following is true:	**Discharge Criteria** The client shall be discharged from this level of care if any one of the following is true:	**Discharge Criteria** The client shall be discharged from this level of care if any one of the following is true:

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A. The level of functioning has improved with respect to the goals outlined in the service plan and can reasonably be expected to maintain these gains at a lower level of treatment.	A. The level of functioning has improved with respect to the goals outlined in the service plan and can reasonably be expected to maintain these gains at a lower level of treatment.	A. The level of functioning has improved with respect to the goals outlined in the service plan and can reasonably be expected to maintain these gains at a lower level of treatment.	A. The level of functioning has improved with respect to the goals outlined in the service plan and can reasonably be expected to maintain these gains at a lower level of treatment.
OR	**OR**	**OR**	**OR**
B. The client no longer benefits from service as evidenced by absence of progress toward service plan goals and more appropriate service(s) is available.	B. The client no longer benefits from service as evidenced by absence of progress toward service plan goals and more appropriate service(s) is available.	B. The client no longer benefits from service as evidenced by absence of progress toward service plan goals and more appropriate service(s) is available.	B. The client no longer benefits from service as evidenced by absence of progress toward service plan goals and more appropriate service(s) is available.
	OR	**OR**	**OR**
**Note: Any denial, reduction, suspension, or termination of services requires notification to the client and/or legal guardian about their appeal rights.*	C. Discharge or step-down services can be considered when in a less restrictive environment and the safety of the client around sexual behavior and the safety of the community can reasonably be assured. **Note: Any denial, reduction, suspension, or termination of services requires notification to the client and/or legal guardian about their appeal rights.*	C. Discharge or step-down services can be considered when in a less restrictive environment and the safety of the client around sexual behavior and the safety of the community can reasonably be assured. **Note: Any denial, reduction, suspension, or termination of services requires notification to the client and/or legal guardian about their appeal rights.*	C. Discharge or step-down services can be considered when in a less restrictive environment and the safety of the client around sexual behavior and the safety of the community can reasonably be assured. **Note: Any denial, reduction, suspension, or termination of services requires notification to the client and/or legal guardian about their appeal rights.*
Service Maintenance Criteria If the client is functioning effectively at this level of treatment and discharge would otherwise be indicated, this level of service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service were to be withdrawn. This decision should be based on at least one of the following:	**Service Maintenance Criteria** If client is functioning effectively at this level of treatment and discharge would otherwise be indicated, this level of service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service were to be withdrawn. This decision should be based on at least one of the following:	**Service Maintenance Criteria** If client is functioning effectively at this level of treatment and discharge would otherwise be indicated, this level of service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service were to be withdrawn. This decision should be based on at least one of the following:	**Service Maintenance Criteria** If client is functioning effectively at this level of treatment and discharge would otherwise be indicated, this level of service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service were to be withdrawn. This decision should be based on at least one of the following:
A. There is a past history of regression in the absence of residential treatment or at a lower level of residential treatment. B. There are current indications that the	A. There is a current history of regression in the absence of residential treatment or at a lower level of residential treatment. B. There are current indications that the	A There is a past history of regression in the absence of residential treatment or at a lower level of residential treatment. B. There are current indications that the	A. There is a past history of regression in the absence of residential treatment or at a lower level of residential treatment. B. There are current indications that the

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client requires this residential service to maintain level of functioning as evidenced by difficulties experienced on therapeutic visits or stays in a non-treatment residential setting or in a lower level of residential treatment.	client requires this residential service to maintain level of functioning as evidenced by difficulties experienced on therapeutic visits/stays in a non-treatment residential setting or in a lower level of residential treatment.	client requires this residential service to maintain level of functioning as evidenced by difficulties experienced on therapeutic visits/stays in a non-treatment residential setting or in a lower level of residential treatment.	client requires this residential service to maintain level of functioning as evidenced by difficulties experienced on therapeutic visits/stays in a non-treatment residential setting or in a lower level of residential treatment.
C. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the nature of the disability client's DSM-IV diagnosis necessitates a 'disability management' approach. **Note: Any denial, reduction, suspension, or termination of services requires notification to the client and/or legal guardian about their appeals rights.*	C. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the nature of the disability client's DSM-IV diagnosis necessitates a 'disability management' approach. **Note: Any denial, reduction, suspension, or termination of services requires notification to the client and/or legal guardian about their appeals rights.*	C. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the nature of the disability client's DSM-IV diagnosis necessitates a 'disability management' approach. **Note: Any denial, reduction, suspension, or termination of services requires notification to the client and/or legal guardian about their appeals rights.*	C. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the nature of the disability client's DSM-IV diagnosis necessitates a 'disability management' approach. **Note: Any denial, reduction, suspension, or termination of services requires notification to the client and/or legal guardian about their appeals rights.*
Provider Requirements **Family-Type** The minimum requirements are a high school diploma or GED with experience in a human service field.	**Provider Requirements** **Family-Type** The minimum requirements are a high school diploma or GED with experience in a human service field.	**Provider Requirements**	**Provider Requirements**
	Program-Type The minimum requirements are:	**Program-Type** The minimum requirements are:	**Program-Type** The minimum requirements are:
	A. a high school diploma or GED or associate degree with one year of experience; or	A. a high school diploma or GED or associate degree with one year of experience; or	A. a high school diploma or GED or associate degree with one year of experience; or
	B. a four-year degree in a human service field.	B. a four-year degree in a human service field.	B. a four-year degree in a human service field.
	C. a combination of experience, skills, and competencies that is equivalent.	C. a combination of experience, skills, and competencies that is equivalent.	C. a combination of experience, skills, and competencies that is equivalent.

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	D. Skills and competencies of this service provider must be at a level that offers psychoeducational and relational support, behavioral modeling of interventions, and supervision. These preplanned, therapeutically structured interventions occur as required and outlined in the client's service plan.	D. Skills and competencies of this service provider must be at a level that offers psychoeducational and relational support, behavioral modeling of interventions, and supervision. These preplanned, therapeutically structured interventions occur as required and outlined in the client's service plan.	D. Skills and competencies of this service provider must be at a level that offers psychoeducational and relational support, behavioral modeling of interventions, and supervision. These preplanned, therapeutically structured interventions occur as required and outlined in the client's service plan.
	E. In addition to the above, special training of the caregiver is required in all aspects of sex offender-specific treatment. Implementation of therapeutic gains is to be the goal of placement.	E. In addition to the above, special training of the caregiver is required in all aspects of sex offender-specific treatment. Implementation of therapeutic gains is to be the goal of placement.	E. In addition to the above, special training of the caregiver is required in all aspects of sex offender-specific treatment. Implementation of therapeutic gains is to be the goal of placement.
AND/0R	**AND/OR**	**AND/OR**	**AND/OR**
Must meet requirements established by state personnel system or equivalent for job classifications.	F. Must meet requirements established by state personnel system or equivalent for job classifications.	F. Must meet requirements established by state personnel system or equivalent for job classifications.	F. Must meet requirements established by state personnel system or equivalent for job classifications.
A qualified professional provides weekly supervision for 60 minutes.	G. A qualified professional provides weekly supervision for 60 minutes.	G. A qualified professional provides weekly supervision for 60 minutes.	G. A qualified professional provides weekly supervision for 60 minutes.
	H. Supervision provided by a qualified professional with sex offender-specific treatment expertise is available for a total of at least 60 minutes. On-call and back-up plan with a qualified professional is also available.	H. Supervision provided by a qualified professional with sex offender-specific treatment expertise is available for a total of at least 60 minutes. On-call and back-up plan with a qualified professional is also available.	H. Supervision provided by a qualified professional with sex offender-specific treatment expertise is available for a total of at least 60 minutes. On-call and back-up plan with a qualified professional is also available.

LEVEL I FAMILY-TYPE RESIDENTIAL TREATMENT	LEVEL II FAMILY/PROGRAM-TYPE RESIDENTIAL TREATMENT	LEVEL III RESIDENTIAL TREATMENT – HIGH	LEVEL IV RESIDENTIAL TREATMENT – SECURE
Documentation Requirements The minimum documentation standard includes a daily contact log with description of staff's interventions and activities on the standardized forms. The documentation of interventions and activities is directly related to:	**Documentation Requirements** The minimum documentation standard includes a daily contact log with description of staff's interventions and activities on the standardized forms. The documentation of interventions and activities is directly related to:	**Documentation Requirements** The minimum documentation standard is a full service note per shift on the standardized form. The documentation of interventions and activities is directly related to:	**Documentation Requirements** The minimum documentation standard is a full service note per shift on the standardized form. The documentation of interventions and activities is directly related to:
A. identified needs;	A. identified needs;	A. identified needs;	A. identified needs;
B. preferences or choices;	B. preferences or choices;	B. preferences or choices;	B. preferences or choices;
C. specifies goals, services, and interventions; and	C. specifies goals, services, and interventions; and	C. specifies goals, services, and interventions; and	C. specifies goals, services, and interventions; and
D. frequency of the service which assists in restoring, improving, or maintaining the client's level of functioning.	D. frequency of the service which assists in restoring, improving, or maintaining the client's level of functioning.	D. frequency of the service which assists in restoring, improving, or maintaining the client's level of functioning.	D. frequency of the service which assists in restoring, improving, or maintaining the client's level of functioning.
E. Documentation of critical events, significant events, or changes of status in the course of treatment shall be evidenced in the client's medical record as appropriate.	E. Documentation of critical events, significant events, or changes in status in the course of treatment shall be evidenced in the client's medical record as appropriate.	E. Documentation of critical events, significant events, or changes in status in the course of treatment shall be evidenced in the client's medical record as appropriate.	E. Documentation of critical events, significant events, or changes in status in the course of treatment shall be evidenced in the client's medical record as appropriate.
	F. Documentation includes the specific goals of sex offender treatment as supported and carried out through the therapeutic milieu and interventions outlined in the service plan.	F. Documentation includes the specific goals of sex offender treatment as supported and carried out through the therapeutic milieu and interventions outlined in the service plan.	F. Documentation includes the specific goals of sex offender treatment as supported and carried out through the therapeutic milieu and interventions outlined in the service plan.